

§ 50.20-5 Criteria—MSHA Form 7000-1, Section B.

(a) This section shall be completed for all accidents immediately reported to MSHA as defined in §50.10. Circle the code from the following list which best defines the accident:

- Code 01—A death of an individual at a mine;
- Code 02—An injury to an individual at a mine which has a reasonable potential to cause death;
- Code 03—An entrapment of an individual for more than 30 minutes;
- Code 04—An unplanned mine inundation by a liquid or gas;
- Code 05—An unplanned ignition or explosion of dust or gas;
- Code 06—An unplanned mine fire not extinguished within 30 minutes of discovery;
- Code 07—An unplanned ignition of a blasting agent or an explosive;
- Code 08—An unplanned roof fall at or above the anchorage zone in active workings where roof bolts are in use; or a roof or rib fall on active workings that impairs ventilation or impedes passage;
- Code 09—A coal or rock outburst that causes withdrawal of miners or which disrupts regular mining activity for more than one hour;
- Code 10—An unstable condition at an impoundment, refuse pile, or culm bank which requires emergency action in order to prevent failure, or which causes individuals to evacuate an area; or, failure of an impoundment, refuse pile, or culm bank;
- Code 11—Damage to hoisting equipment in a shaft or slope which endangers an individual or which interferes with use of the equipment for more than thirty minutes; and
- Code 12—An event at a mine which causes death or bodily injury to an individual not at the mine at the time the event occurs.

§ 50.20-6 Criteria—MSHA Form 7000-1, Section C.

(a) Complete items 5 through 12 for each accident, occupational injury, or occupational illness.

(1) Item 5. Location and mining method. Circle the appropriate location code that was nearest to the location of the accident injury or illness. If the accident injury or illness occurred at the surface, circle only the surface location code in column (a). If the accident injury or illness occurred underground, circle only the underground location code in column (b). Where applicable, circle the underground mining method code in column (c). Applicable

codes for columns (a), (b), and (c) are as follows:

(i) Column (a)—Surface location codes. If the accident injury or illness occurred at the surface of a mine, circle one of the following codes which best describes where the accident injury or illness occurred and ignore columns (b) and (c):

- Code 02—Surface shop, yard, etc., at an underground mine;
- Code 30—Mill operation, preparation plant, or breaker, including associated shops and yards;
- Code 03—Surface strip or open pit mine, including shop and yard;
- Code 04—Surface auger coal operation on a coal mine, including shop and yard;
- Code 05—Surface culm bank or refuse pile at a coal mine, including shop and yard;
- Code 06—Dredge mining, including shop and yard;
- Code 12—Other surface mining;
- Code 17—Independent shops;
- Code 99—Office facilities.

(ii) Column (b)—Underground location codes. If the accident injury or illness occurred underground, circle the one code which best describes where the accident injury or illness occurred:

- Code 01—Vertical shaft;
- Code 02—Slope/Inclined shaft;
- Code 03—Face;
- Code 04—Intersection;
- Code 05—Underground Shop/Office;
- Code 06—Other.

(iii) Column (c)—Underground mining method. If the underground accident injury or illness occurred on a working section or working place, enter the code for the mining method at that working section or working place:

- Code 01—Longwall;
- Code 02—Shortwall;
- Code 03—Conventional/stoping;
- Code 05—Continuous Miners;
- Code 06—Hand Loading;
- Code 07—Caving;
- Code 08—Other.

(2) Item 6. Date of accident injury or illness. Enter the date the accident injury or illness occurred.

(3) Item 9. Describe fully the conditions contributing to the accident injury or illness and quantify the damage or impairment. Describe what happened and the reasons therefor, identify the factors which led or contributed to the accident, injury or illness

and identify any damage or impairment to the mining operation. The narrative shall clearly specify the actual cause or causes of the accident injury or illness and shall include the following:

- (i) Whether the accident injury or illness involved any aspect of compliance with rules and regulations;
- (ii) Whether the accident injury or illness involved mine equipment or the mining system;
- (iii) Whether the accident injury or illness involved job skills and miner proficiency, training and attitude; and
- (iv) Whether the accident injury or illness involved protective items relating to clothing, or protective devices on equipment.

(4) Item 10. If equipment was involved in the accident, injury or illness specify type (loader, shuttle car, dozer, etc.), name of manufacturer, and equipment model number.

(5) Item 11. Name of witness to accident injury or illness. If any miner witnessed the accident injury or illness, enter the name.

(b) Complete items 13-27 for each occupational injury, or occupational illness.

(1) Item 13. Name of injured/ill miner. Enter the miner's name (first, middle initial, and last).

(2) Item 17. Regular job title. Enter the miner's regular job title. For example: "shuttle car operator".

(3) Item 19. Check if this injury/illness resulted in permanent total or partial disability.

(i) "Permanent total disability." The classification for any injury or illness other than death which permanently and totally incapacitates an employee from following any gainful occupation or which results in the loss, or the complete loss of use, of any of the following in one accident injury or illness:

- (A) Both eyes;
- (B) One eye and one hand, or arm, or leg, or foot;
- (C) Any two of the following not on the same limb: hand, arm, foot, or leg.

(ii) "Permanent partial disability." The classification for any injury or illness other than death or permanent total disability which results in the loss, or complete loss of use, of any

member or part of a member of the body, or any permanent impairment of functions of the body or part thereof, regardless of any preexisting disability of the affected member or impaired body function.

(4) Item 20. What directly inflicted injury or illness. Name the object or substance which directly affected the miner. For example: the machine or thing struck against or which struck the miner; the vapor or poison inhaled or swallowed; the chemical or non-ionizing radiation which irritated the skin; or in cases of strains or hernias, the thing lifted or pulled.

(5) Item 21. Nature of injury or illness. For injuries, use commonly used medical terms to answer this question such as puncture wound, third degree burn, fracture, dislocation, amputation. For multiple injuries, enter the injury which was the most serious. For illness, name the illness, such as pneumoconiosis, silicosis. Avoid general terms such as "hurt", "sore", "sick".

(6) Item 22. Part of body injured or affected. Name the part of the body with the most serious injury. For example, if an injured employee has a bruised finger and a broken ankle, write "ankle". If amputation, enter part of the body lost.

(7) Item 23. Occupational Illness. Circle the code from the list below which most accurately describes the illness. These are typical examples and are not to be considered the complete listing of the types of illnesses and disorders that should be included under each category. In cases where the time of onset of illness is in doubt, the day of diagnosis of illness will be considered as the first day of illness.

(i) Code 21—*Occupational Skin Diseases or Disorders*. Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; chrome ulcers; chemical burns or inflammations.

(ii) Code 22—*Dust Disease of the Lungs (Pneumoconioses)*. Examples: Silicosis, asbestosis, coal worker's pneumoconiosis, and other pneumoconioses.

(iii) Code 23—*Respiratory Conditions due to Toxic Agents*. Examples: Pneumonitis, pharyngitis, rhinitis, or acute congestion due to chemicals, dusts, gases, or fumes.

(iv) Code 24—*Poisoning (Systemic Effects of Toxic Materials)*. Examples: Poisoning by lead, mercury, cadmium, arsenic, or other metals, poisoning by carbon monoxide, hydrogen sulfide or other gases; poisoning by benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays such as parathion, lead arsenate; poisoning by other chemicals such as formaldehyde, plastics and resins.

(v) Code 25—*Disorders Due to Physical Agents (Other than Toxic Materials)*. Examples: Heatstroke, sunstroke, heat exhaustion and other effects of environmental heat; freezing, frostbite and effects of exposure to low temperatures; caisson disease; effects of ionizing radiation (radon daughters, non-medical, non-therapeutic X-rays, radium); effects of nonionizing radiation (welding flash, ultra-violet rays, microwaves, sunburn).

(vi) Code 26—*Disorders Associated with Repeated Trauma*. Examples: Noise-induced hearing loss; synovitis, tenosynovitis, and bursitis; Raynaud's phenomena; and other conditions due to repeated motion, vibration or pressure.

(vii) Code 29—*All Other Occupational Illnesses*. Examples: Infectious hepatitis, malignant and benign tumors, any form of cancer, kidney diseases, food poisoning, histoplasmosis.

(8) Item 24. Miner's work activity when injury or illness occurred. Describe exactly the activity of the injured miner when the occupational injury or occupational illness occurred. For example: "Setting temporary support prior to drilling holes for roof bolts."

(Secs. 103 (a) and (h), and 508, Pub. L. 91-173, as amended by Pub. L. 95-164, 91 Stat. 1297, 1299, 83 Stat. 803 (30 U. S. C. 801, 813, 957))

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§ 50.20-7 Criteria—MSHA Form 7000-1, Section D.

This section requires information concerning the miner's return to duty.

(a) Item 28. Permanently transferred or terminated. Check this block if the miner's employment was terminated or if the miner was permanently transferred to another regular job as a di-

rect result of the occupational injury or occupational illness.

(b) Item 29. Show the date that the injured person returned to his regular job at full capacity (not to restricted work activity) or was transferred or terminated.

(c) Item 30. Number of days away from work. Enter the number of workdays, consecutive or not, on which the miner would have worked but could not because of occupational injury or occupational illness. The number of days away from work shall not include the day of injury or onset of illness or any days on which the miner would not have worked even though able to work. If an employee loses a day from work solely because of the unavailability of professional medical personnel for initial observation or treatment and not as a direct consequence of the injury or illness, the day should not be counted as a day away from work.

(d) Item 31. Number of days of restricted work activity. Enter the number of workdays, consecutive or not, on which because of occupational injury or occupational illness:

(1) The miner was assigned to another job on a temporary basis;

(2) The miner worked at a permanent job less than full time; or

(3) The miner worked at a permanently assigned job but could not perform all duties normally connected with it. The number of days of restricted work activity shall not include the day of injury or onset of illness, or any days the miner did not work even though able to work.

If an injured or ill employee receives scheduled follow-up medical treatment or observation which results in the loss of a full workday solely because of the unavailability of professional medical personnel, it will not be counted as a day of restricted work activity. Days of restricted work activity end as the result of any of the following:

(i) The miner returns to his regularly scheduled job and performs all of its duties for a full day or shift;

(ii) The miner is permanently transferred to another permanent job (which shall be reported under Item 28, Permanently Transferred or Terminated). If this happens, even though the miner could not perform this original job any